F	I in this information to identify your o	case:								
	ebtor 1 Alicia A. Gerstlauer									
	ebtor 2									
Un	nited States Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	<u>4</u>						
	ase number 16-17245		_			Check if this is:				
(II K	(nown)					An amende	d filing			
_						A supplement 13 income a	ent showing as of the fo	g postpetition bllowing date:	chapter	
$\overline{\Omega}$	fficial Form 106I				MM / DD/ YYYY					
S	chedule I: Your Inc	ome							12/15	
Pa	puse. If you are separated and you che a separate sheet to this form.  It 1: Describe Employment	On the top of any additi	onal pages, write yo	our nam	e and	case number (if I	known). A	nswer every	question	
1.	Fill in your employment information.	Debtor 1			Debtor 2	or non-fil	ing spouse			
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed			☐ Emplo	yed			
		p.oyom outuo	□ Not employed	Not employed						
		Occupation	dock worker							
	Include part-time, seasonal, or self-employed work.	Employer's name	GM							
	Occupation may include student or homemaker, if it applies.	Employer's address	300 Renaissance Detroit, MI 48243							
		How long employed to	here?							
		•								
Pai	rt 2: Give Details About Mor									
sti	Give Details About Mor imate monthly income as of the da use unless you are separated.	nthly Income		eport for	any li	ne, write \$0 in the	space. Inc	lude your non	-filing	
sti pol	mate monthly income as of the d	ate you file this form. If your than one employer, co	you have nothing to re					·	•	
sti pol	imate monthly income as of the di use unless you are separated. ou or your non-filing spouse have mo	ate you file this form. If your than one employer, co	you have nothing to re		emplo		on the lin	es below. If y	•	
sti pol	imate monthly income as of the di use unless you are separated. ou or your non-filing spouse have mo	ate you file this form. If your than one employer, countries form.	you have nothing to re ombine the information		emplo	yers for that persor	on the lin	es below. If y	•	
Sti pou yo nor	imate monthly income as of the dause unless you are separated.  ou or your non-filing spouse have more space, attach a separate sheet to	ate you file this form. If your than one employer, countries form.  Try, and commissions (becalculate what the month)	you have nothing to re ombine the information	n for all (	emplo -	yers for that persor	For Deb	nes below. If y otor 2 or ng spouse	J	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Alicia A. Gerstlauer	_	ı	Case	number (if known)	16	-17245		
					For	Debtor 1		or Debtor on-filing s		9
	Cop	py line 4 here	4.		\$	5,400.00	\$		N/	
<b>5</b> .	List	t all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5	_	\$	1,500.00	\$		N/	'Λ
	5b.	Mandatory contributions for retirement plans	5t		<u> </u>	0.00	\$		N/	
	5c.	Voluntary contributions for retirement plans	50		<u> </u>	0.00	\$		N/	
	5d.	Required repayments of retirement fund loans	50		\$	0.00	\$		N/	
	5e.	Insurance	56	€.	\$	0.00	\$		— N/	
	5f.	Domestic support obligations	5f		\$	0.00	\$		N/	Ā
	5g	Union dues	50		\$	0.00	\$		N/	Α
	5h.	Other deductions. Specify:	5t	1.+	\$	0.00	+ \$		N/	<u>A</u>
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	1,500.00	\$		N/	<u>A</u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	3,900.00	\$		N/	<u>A</u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88		¢	0.00	e		<b>N</b> 1/	A
	8b.	Interest and dividends	8t		<u>\$</u> _	0.00	S S		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			*_ \$	602.00	s <sub>.</sub>		N//	_
	8d.	Unemployment compensation	80		<u> </u>	0.00	S		N//	
	8e.	Social Security	86		<b>*</b> —	0.00	\$		N/	<del></del>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	e 8f.		\$	0.00	s		N//	Α
	8g.	Pension or retirement income	8g	J.	\$	0.00	\$		N/A	A
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$	0.00	+ \$		N//	A
€.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9	3 	602.00	\$		N	//A
ın	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		1,502.00 + \$		N/A	= \$	4,502.00
٠٠.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	_	F,502.00 + 9		IN/A		4,502.00
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depe			•		Schedule	∍ J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							\$	4,502.00
13.	Do v	ou expect an increase or decrease within the year after you file this form	?					l	Comb	nined hly income
		No.								
	П	Yes Explain								